

UNIVERSITA' DEGLI STUDI DI BARI
LIFELONG LEARNING/ERASMUS PROGRAMME

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR 20 ____/20 ____

FIELD OF STUDY:

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

SENDING INSTITUTION

Name and full address: **UNIVERSITA' DEGLI STUDI DI BARI**
Piazza Umberto I, 1 70121 BARI (Italy)

Departmental coordinator - name, telephone and telefax numbers, e-mail box

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Institutional coordinator - name, telephone and telefax numbers, e-mail box

Dr Francesco TRITTO
 Tel. +39.080.5714834; +39.080.5714847; +39.080.5714516
 Fax +39.080.5714463
 E-mail francesco.tritto@relint.uniba.it

STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name: Date of birth: Sex: Nationality: Place of Birth: Current address: Current address is valid until: Tel.:	First name (s): Permanent address (if different): Tel.:
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LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

	Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
			from	to		
1.
2.
3.

Name of student:.....

Sending institution: UNIVERSITA' DEGLI STUDI DI BARI Country: ITALY

Briefly state the reasons why you wish to study abroad ?

LANGUAGE COMPETENCE

Mother tongue: Language of instruction at home institution (if different):

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Type of work experience	Firm/organisation	Dates	Country
.....
.....

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:

Number of higher education study years prior to departure abroad:

Have you already been studying abroad ? Yes No

If Yes, when ? at which institution ?

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes No

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is provisionally accepted at our institution
 not accepted at our institution

Departmental coordinator's signature Institutional coordinator's signature

Date: Date: